

FILED JAN 23 1942

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 6 years
years, months or days)

3. (a) PRINT FULL NAME Nora Ellen Claybrook

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John H. Claybrook 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased June 23 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Andrew County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name J. N. Shock
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Marjorie Shock
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Penny Claybrook
(b) Address 212 Clay Street

17. (a) Burial (b) Date thereof Dec. 31-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City

18. (a) Signature of funeral director Jefferson City, Mo.
(b) Address

19. (a) 1-2-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo.
(If outside city or town limits, write RURAL)
(d) Street No. 212 Clay Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1941 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from Dec 27
1941 to Dec 30, 1941;
that I last saw him alive on Dec 30, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive pneumonia
obstructive
Due to Ch. myocarditis

Due to

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature Heard A. Dwyer (M. D. or other) M.D.
Address Jefferson City Date signed 12-31-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Lydonia Pull, Registered Apprentice No. 292,
working under my personal supervision.

Signed John F. Heine

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.